

PRINTED: 05/30/2014
FORM APPROVED

Division of Health Care Facilities

45-7/14/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2014
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - FAIRFIELD GL		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SAMARITAN WAY CROSSVILLE, TN 38558		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 843	<p>1200-8-6-.08 (13) Building Standards</p> <p>(13) Electrical drawings shall include where applicable:</p> <p>(a) A seal, certifying that all electrical work and equipment is in compliance with all applicable codes and that all materials are currently listed by recognized testing laboratories;</p> <p>(b) All electrical wiring, outlets, riser diagrams, switches, special electrical connections, electrical service entrance with service switches, service feeders and characteristics of the light and power current, and transformers when located within the building;</p> <p>(c) An electrical system that complies with applicable codes;</p> <p>(d) Color coding to show all items on emergency power;</p> <p>(e) Circuit breakers that are properly labeled; and</p> <p>(f) Ground-Fault Circuit Interrupters (GFCI) that are required in all wet areas, such as kitchens, laundries, janitor closets, bath and toilet rooms, etc, and within six (6) feet of any lavatory.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to comply with applicable codes.</p> <p>The findings included: Observation of the beauty shop on 5/27/14</p>	N 843	<p>N 843 - Building Standards</p> <p>1. The multi-plug adaptor was removed and replaced with an approved ground fault power strip and plug on hair dryer was replaced with the ground on 5/27/14.</p> <p>2. All residents have the potential to be affected by this deficient practice. Maintenance department inspected skilled units for all ground fault outlets and wet areas. No other adaptors were found. No other residents were found at risk.</p> <p>3. Beauty shop employees were educated on use of approved adapters and inspection of appliance plugs before use on 5/27/14, and instructed to notify maintenance department if adapter is needed. Use of adaptors will be included in monthly preventative maintenance and will be added to TELS for monitoring.</p> <p>4. Maintenance Department will complete a safety audit on the beauty shop monthly x3 and then quarterly to include use of adaptors. Audits will be reported to the quality committee for recommendations.</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOOD SAMARITAN SOCIETY - FAIRFIELD GLJ

100 SAMARITAN WAY
CROSSVILLE, TN 38558

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N 843	Continued From page 1 revealed, the use of a multi-plug adaptor and a broke ground plug on the hair dryer. National Fire Protection Association (NFPA) 99,8.4.12.5. The findings were verified by the administrator and acknowledged by the administrator during the exit conference 5/27/14.	N 843	cont. N 843 – Building Standards 5. Facility will be in compliance by 7/4/14.	
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain negative air pressure. The findings included: Observation of the kitchen on 2/27/14 revealed, the house keeping closet door will not close within the door frame. The finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 5/27/14	N 848	N 848 – Building Standards 1. Applied fire seal to door 6/19/14 and door is now air tight. 2. All fire doors are at risk for this deficient practice. All fire doors in the skilled center were checked for proper closure on 5/27/14 and were found to be in working order and closed properly. 3. All fire doors are checked monthly by the maintenance department and recorded in TELS. 4. Maintenance Department will complete a safety audit on the fire doors monthly x3 and then quarterly. Audits will be reported to the quality committee for recommendations. 5. Facility will be in compliance 7/4/14.	